

UNITED STATES DISTRICT COURT

Eastern District of Wisconsin
U.S. Probation / Pretrial Services

"Together Making a Difference"

Michael K. Klug
Chief U.S. Probation Officer

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Reply to: Milwaukee

January 8, 2021

John D. Whelan
Fond du Lac, WI

Re: US v Whelan, et al. Case No. 21-cr-5

Dear Mr. Whelan:

You have been charged with a violation of Federal law. The enclosed summons/notice requires you to appear before a U. S. Magistrate Judge who will set conditions for your release pending trial. This office is responsible to the Judge, not the government's prosecutor. Our function is to assist the Court in arriving at a fair and reasonable decision as to bail.

It is very important you call Amy or Jill with Pretrial Services at 414-297-1928 at your earliest convenience to arrange for an interview with a Pretrial Services Officer. The officer will ask you a number of questions regarding your personal history and ties to the community. You should not discuss the facts or circumstances of the offense or offenses for which you have been charged. The information you provide will be verified and included in a report which will be given to the Judge prior to your appearance in court.

To expedite the interview, please complete the enclosed Pretrial Services Interview Worksheet and bring it with you to the interview with the Pretrial Services Officer. We have also enclosed a form giving examples of documentation which you must provide to the Pretrial Services Officer at the time of the interview. The information you provide will be used only for the purpose of setting the conditions of your release pending trial/sentence and shall otherwise be confidential. The report will be made available to you, your attorney, and the attorney for the government.

Please feel free to consult with your attorney prior to responding to this letter. If you cannot afford to hire an attorney, we will assist you in applying for appointment of counsel at the government's expense.

Sincerely,

s/ Michael K. Klug
Michael K. Klug
Chief U. S. Probation Officer

Enclosures

INSTRUCTIONS TO PERSONS REFERRED TO PRETRIAL SERVICES

To assist this office in verifying the information the Court will use in determining your suitability for bail, some proof of background information will be necessary.

If you plan to apply for court-appointed counsel, you must make every effort to produce proof of your financial condition.

If there is a potential conflict between your providing any portion of this information and the charges you face, the Pretrial Services Officer may exempt you from providing the information. Please consult with your attorney and the Pretrial Services Officer.

Please bring to your interview with the Pretrial Services Officer any of the following that pertain to you:

- Driver's license
- Birth or baptismal certificate
- School diplomas
- Proof of residence (rent receipts, property and mortgage papers, etc.)
- Draft registration card
- Military discharge certificate (DD-214)
- Military disability information (C-number)
- Seaman's papers
- Marriage certificate
- Divorce decree
- Social Security number
- Income tax reports for the last three years
- Any relevant financial records
- Employment verification (pay stubs)
- Union, lodge, or club cards
- Immigration papers or passport
- Naturalization papers
- Professional papers (certificates, licenses, or permits)
- Car registration papers
- Medical reports (if relevant to your present state of health)
- Department of Welfare records

Other papers:

United States District Court
Worksheet for Pretrial Services Report

PACTS Client ID No.:	Docket/Defendant No.:	Arrest Date:	Interviewing Officer:	
CLIENT PERSONAL DATA - General				
Prefix:	Title: (Dr., PhD., etc.)	Court Name: First Middle Last Generation		
SSN/EIN:		State Identification No.:		FBI No.:
Register/Marshal's No.:		ICE (INS) No.:		Driver's License No.: (Include state)
CLIENT PERSONAL DATA - Alternate Names and IDs (If more than three, attach list)				
First	Middle	Last	Generation	<input type="checkbox"/> Also Known As <input type="checkbox"/> Maiden Name <input type="checkbox"/> Alternate Name <input type="checkbox"/> True Name
First	Middle	Last	Generation	<input type="checkbox"/> Also Known As <input type="checkbox"/> Maiden Name <input type="checkbox"/> Alternate Name <input type="checkbox"/> True Name
First	Middle	Last	Generation	<input type="checkbox"/> Also Known As <input type="checkbox"/> Maiden Name <input type="checkbox"/> Alternate Name <input type="checkbox"/> True Name
Alternate IDs: (List any other alien numbers, state ID numbers, SSNs, DOBs)				
Distinguishing Characteristics: (Scars, tattoos, etc.)				
CLIENT PERSONAL DATA - Demographics				
Sex: (Check one)	Race: (Check one)	Hispanic: (Check one)	Height:	Weight:
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other Race <input type="checkbox"/> Unknown <input type="checkbox"/> White	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Age:	Date of Birth:
		Eye Color:	<input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Grey <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Red <input type="checkbox"/> White	
Place of Birth:	Country of Birth:	Citizenship: (Check one)	Hair Color:	
		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. National <input type="checkbox"/> Naturalized U.S. Citizen <input type="checkbox"/> Citizen of Another Country <input type="checkbox"/> Unknown	<input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Grey <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Red <input type="checkbox"/> White	
Do you possess a passport/visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		Country of Citizenship:	Immigration Status: (Check one)	
			<input type="checkbox"/> Humanitarian Migrant (Refugee) <input type="checkbox"/> Illegal Alien <input type="checkbox"/> Permanent Resident (green card) <input type="checkbox"/> Temporary Visa (travel, student, emp.) <input type="checkbox"/> Unknown	
			Date Naturalized: _____	
Have you traveled outside the United States?				
Date Immigrated to the United States: _____		Date Entered the United States: _____		
CLIENT PERSONAL DATA - Remarks				
Include in PACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No				

CLIENT PERSONAL DATA - Addresses				
Current Address:			Phone (Residence):	Phone (Mobile):
City:	State:	Zip Code:	County:	Phone (Pager/Fax):
Address Type: <input type="checkbox"/> Residence <input type="checkbox"/> Legal Address <input type="checkbox"/> Mailing Address	Date Moved to This Address (From Date):			E-Mail:
	Time in Community of Residence: (Client Personal Data/Profile)			
Name on Lease/Mortgage:		Name on Utilities:		Monthly Payment:
Have you ever lived outside the state/country? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you own any firearms? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any firearms where you live? <input type="checkbox"/> Yes <input type="checkbox"/> No Any dogs or dangerous animals where you live? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other/Prior Residences	Start Date	End Date	With Whom?	
CLIENT PERSONAL DATA - Collateral Contacts (Family, Friends, Other Frequent Contacts, etc.)				
(Check box if living with defendant)				
Name/Age	Relationship/Frequency of Contact	Citizenship Status	Address and Phone Number	Miscellaneous Notes/ Occupation
<input type="checkbox"/>				

MARITAL HISTORY (Including cohabitation)

(Check box if living with defendant)

Current Marital Status: Cohabiting Divorced Married Separated Single Widowed Unknown
(Current Personal Data/Profile)

Name	Marital Status	Citizenship	Address/ Telephone No.	Dates of Marriage	No. of Children
<input type="checkbox"/> Current:					

CHILDREN

(Check box if living with defendant)

Name/Age of Children	Children Live With Whom?	Citizenship	Address/ Telephone No.	Frequency of Contact	Support?
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

EDUCATION

MILITARY HISTORY

Education Level: (Client Personal Data/Profile)

No High School Diploma/GED Some College Doctorate
 Graduate Equivalency Associate Degree Unknown
 Vocational/Apprentice Graduate Bachelor's Degree
 High School Diploma Master's Degree

Branch of Service:

Dates of Service:

Type of Discharge:

Date Education Obtained/Last Year Attended: _____

Were you court-martialed?

Name/Location of Current School: _____

Yes No

Grade Completed: _____

Was any disciplinary action taken?

Certificates/Degrees: _____

English Language Skills: (Client Personal Data/Profile)

Fluent in English as Primary Language Mute - Fluent in International Sign Language
 Fluent in English as Secondary Language Mute - Limited or No Fluency in International Sign Language
 Limited Fluency in English Unknown
 No Fluency in English Primary Language (if not English): _____

CURRENT EMPLOYMENT/UNEMPLOYMENT
(Client Personal Data - Employment/Unemployment)

Start Date of Unemployment: _____		Reasons for Unemployment: (Code as excused in PACTS)			
		<input type="checkbox"/> Caregiver	<input type="checkbox"/> Long-Term Treatment		
		<input type="checkbox"/> Court Order	<input type="checkbox"/> Retired		
		<input type="checkbox"/> Disabled	<input type="checkbox"/> Student		
		<input type="checkbox"/> Homemaker	<input type="checkbox"/> Other:		
		<input type="checkbox"/> Looking for Work (Code as not excused in PACTS)			
Company Name: _____ <input type="checkbox"/> Self-Employed?		Address (Street): _____			
Start Date:	Phone No.:	City:	State:	Zip Code:	County:
Hours Per Week:		Gross Income for This Employment:			
Occupation:	Job Title:	\$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Semi-Monthly	
How Long Employed?	Work Hours:		<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	
Can you return to your job? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Does your employer know about your arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Supervisor's Name:		Supervisor's Title:	Supervisor's Phone No.:	Supervisor's Cell/Pager No.:	

Vocational/Training Skills: (Check all that apply) (Client Personal Data/Profile)

<input type="checkbox"/> Architecture and Engineering	<input type="checkbox"/> Finance	<input type="checkbox"/> Military Service
<input type="checkbox"/> Arts, Design, Entertainment and Media	<input type="checkbox"/> Food/Lodging Services	<input type="checkbox"/> Office/Clerical/Administrative Support
<input type="checkbox"/> Child/Adult Care	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Production/Assembly
<input type="checkbox"/> Community and Social Services	<input type="checkbox"/> Janitorial/Cleaning Service	<input type="checkbox"/> Sales
<input type="checkbox"/> Computers and Mathematics	<input type="checkbox"/> Laborer	<input type="checkbox"/> Tradesman (Electrician/Plumber/Mechanic)
<input type="checkbox"/> Construction and Extraction	<input type="checkbox"/> Landscape/Ground Maintenance	<input type="checkbox"/> Transportation and Material Moving
<input type="checkbox"/> Cosmetology/Barber	<input type="checkbox"/> Legal	<input type="checkbox"/> Other
<input type="checkbox"/> Data Processing - Education, Training, Library Science	<input type="checkbox"/> Life, Physical, and Social Science	
<input type="checkbox"/> Farming, Fishing, Forestry	<input type="checkbox"/> Management	

PREVIOUS EMPLOYMENT/UNEMPLOYMENT

Start and End Dates	Name of Employer/ Unemployed	Address of Employer	Nature of Work, Hours Per Week, Salary, Reason for Leaving

FINANCIAL INFORMATION					
EMPLOYMENT INCOME:		Other Source of Income: (Client Personal Data/Employment)			
Yearly/Monthly/Weekly \$ _____		Alimony \$ _____	Payback on Loans \$ _____		
		Child Support \$ _____	Retirement Pension \$ _____		
PAYMENT METHOD: (Circle One)		Disability Insurance/ \$ _____	Severance Pay \$ _____		
Cash	Check	Employee Benefit \$ _____	Trust \$ _____		
Commission	Other	Dividend \$ _____	Unemployment Comp. \$ _____		
SPOUSE/SIGNIFICANT OTHER'S OCCUPATION _____		Family Support \$ _____	Unknown \$ _____		
Yearly/Monthly/Weekly \$ _____		Food Stamps \$ _____	Other \$ _____		
Yearly/Monthly/Weekly \$ _____		Investments \$ _____	Social Security (retirement) \$ _____		
		Lawsuit Payout \$ _____	Social Security (disability) \$ _____		
ASSETS		LIABILITIES		BALANCE	MONTHLY PAYMENT
Cash \$ _____		Rent or Mortgage Payment			
Savings Account \$ _____		Other Mortgage			
Checking Account \$ _____		Past Due/Pending Foreclosure?			
Stocks/Bonds/Retirement Accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe: \$ _____		Utilities			
		Groceries			
		Child Care			
Other Accounts \$ _____		Child Support (Ordered or Voluntary?)			
\$ _____		Alimony			
\$ _____		Personal Loans			
Valuable Property (collections, jewelry, etc.) \$ _____		Business Liabilities			
Business Assets \$ _____					
Motor Vehicles - Ownership			Motor Vehicles - Loans/Leases		
Year	Make	Model	Amount	Creditor	
Real Estate:			Auto Insurance		
Date Purchased:			Total Credit Card Debt		
Address:			School Loans		
Current Market Value \$ _____			Outstanding Medical Bills		
Equity \$ _____			Outstanding Taxes/Fines/Restitution		
Down Payment \$ _____			Other Debts/Monthly Expenses		
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Bankruptcy Filed: _____		
Location of Court:			Year Filed:	Amount Discharged: \$ _____	
ADDITIONAL NOTES					

HEALTH					
Physical Health					
Brief Description:					
Physical Health Status: (Client Personal Data/Profile)					
<input type="checkbox"/> Minor Medical Problems Only		<input type="checkbox"/> Diagnostic Evaluation or Specific Treatment in Progress			
<input type="checkbox"/> Significant Medical Disorder (Under control but follow-up care required)		<input type="checkbox"/> None			
<input type="checkbox"/> One or More Chronic or Recurrent Medical Problems		<input type="checkbox"/> Unknown			
<input type="checkbox"/> Uncontrolled Significant Disorder					
Names of Medications and Reason(s) for Use:					
Mental Health					
Current Mental Health Status: (Check all that apply) (Client Personal Data/Profile)					
<input type="checkbox"/> No evidence of a current or past mental health condition.					
<input type="checkbox"/> History of a mental health condition. No active symptoms.					
<input type="checkbox"/> Mental health condition requiring ongoing treatment.					
<input type="checkbox"/> Has been in therapy within the last 12 months for a mental health condition.					
<input type="checkbox"/> Currently taking medication for a mental health condition (psychotropic drug).					
<input type="checkbox"/> Has seen a physician within the last 12 months for a mental health condition.					
<input type="checkbox"/> Has been hospitalized within the last 24 months for a mental health condition.					
Have you ever seen a doctor for any emotional or psychiatric problems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, when, where, and last visit?					
Have you ever been hospitalized for emotional problems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, when and where?					
Have you ever thought of or attempted suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, when, and what method was used or thought of?					
Have you ever been prescribed medication for emotional or psychiatric problems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, name of medication(s) and how long you used it:					
Do you have current thoughts of suicide, hearing voices, or seeing things? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, explain.					
Do you have a history of gambling? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, describe the type of gambling activities, frequency, and amount:					
Do you have a history of domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Explain:					
Mental Health Treatment					
Dates	Name of Program	Location	Purpose	Inpatient/Outpatient	Completed? If no, why?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

SUBSTANCE ABUSE HISTORY (Client Personal Data/Profile)

Drug Use	Indicate Drugs of 1 st , 2 nd , and 3 rd Choice	Current	History of	Age Use Began	Last Used	Frequency Used
Alcohol		<input type="checkbox"/>	<input type="checkbox"/>			
Amphetamines		<input type="checkbox"/>	<input type="checkbox"/>			
Benzodiazepines		<input type="checkbox"/>	<input type="checkbox"/>			
Cannabinoids		<input type="checkbox"/>	<input type="checkbox"/>			
Club/Designer Drugs		<input type="checkbox"/>	<input type="checkbox"/>			
Cocaine		<input type="checkbox"/>	<input type="checkbox"/>			
Hallucinogens (PCP, LSD)		<input type="checkbox"/>	<input type="checkbox"/>			
Heroin		<input type="checkbox"/>	<input type="checkbox"/>			
Methamphetamines		<input type="checkbox"/>	<input type="checkbox"/>			
Prescription Opiates		<input type="checkbox"/>	<input type="checkbox"/>			
Other		<input type="checkbox"/>	<input type="checkbox"/>			

Substance Abuse Treatment

Substance Abuse Treatment History (Check all that apply)	Current	History of	Notes
Inpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Outpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Help (AA/NA)	<input type="checkbox"/>	<input type="checkbox"/>	
Confined Treatment Program (BOP)	<input type="checkbox"/>	<input type="checkbox"/>	

Dates	Name of Program	Location	Purpose	Inpatient/Outpatient	Type of Discharge (Satisfactory/Unsatisfactory)

If a drug test were taken today, would it reveal any illegal substance or medications? Yes No Unknown
If so, what illegal drugs/medications?

Would you like to receive treatment? Yes No

ADDITIONAL NOTES

SELF-REPORTED CRIMINAL HISTORY (including juvenile adjudications)

Date Arrested/Age	Agency/Location	Offense Charged and Bail	Disposition or Next Court Date
Probation/Parole History? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	Any violations?	

Probation/Parole Officer's Name, Address, and Telephone No.:

Are you a member of, or have you ever been in a gang? Yes No

Gang Name	Initiation Date	When did you get out?

Will this information bring harm to you or your family? Yes No

INTAKE - Prior Tab

Prior Failures to Appear:		Prior Escapes:			Prior Abscondings:	
Prior Record	Charges (No.)	Convictions (No.)	Drugs (No.)	Violent (No.)	Pending Cases (No.)	
Misdemeanors						
Felonies						

INVESTIGATION - General Tab (Complete when an investigation is completed)

Docket No.: (e.g., 1:07M101 or 1:07CR101)				Type of Investigation: <input type="checkbox"/> Pretrial Services <input type="checkbox"/> Material Witness <input type="checkbox"/> Pretrial Diversion	
Investigation Officer:	Date Assigned:	Date Due:	Date Report Submitted:		

Temporary Duty? Yes No

Judicial Officer: (Leave blank if pretrial diversion)	Jurisdictional Authority: <input type="checkbox"/> Court (District Court) <input type="checkbox"/> Other District <input type="checkbox"/> Magistrate <input type="checkbox"/> U.S. Attorney (Use for PTD)

ADDITIONAL NOTES

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INTAKE - Opening Tab			
Case Activation Date:	Assigned Officer:	Juvenile? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the instant offense committed while under the criminal justice system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the case diverted post-charge? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Referral Type:	Type of Case: (Intake Type)	Charging Document:	
<input type="checkbox"/> Arrest <input type="checkbox"/> Summons <input type="checkbox"/> Verbal Notice <input type="checkbox"/> Writ-Release Not Possible	<input type="checkbox"/> Diversion <input type="checkbox"/> Material Witness <input type="checkbox"/> Pretrial Services	<input type="checkbox"/> Citation <input type="checkbox"/> Complaint <input type="checkbox"/> Indictment <input type="checkbox"/> Information <input type="checkbox"/> Not Applicable <input type="checkbox"/> Violation Petition	
Rule 5 Transfer In? <input type="checkbox"/>	Rule 20 Transfer In? <input type="checkbox"/>	Courtesy In? <input type="checkbox"/> Yes (Transfer district information not required)	
Transfer District:	Transfer District Docket No.:	Transfer District PACTS No.:	

Arrest is used when: 1) the defendant appears in court following an arrest, with or without a warrant, 2) the defendant turns himself/herself in or self-surrenders on a warrant. **Writ** is used when the defendant appears in federal court but remains under the jurisdiction of another agency with no eligibility for release within 90 days. **If the defendant appears pursuant to a writ but is eligible for release within 90 days, use "arrest."** **Verbal Notice** is used when the defendant's appearance in court is not a result of any of the above procedures—for example, if the defendant voluntarily appears in court pursuant to agreement with the government and no formal summons, warrant, or writ has been issued.

INTAKE - Interview/Report Tab		
Interview Status:	When was a bail report submitted? (N/A if Report Type = None)	How was the bail report submitted? (N/A if Report Type = None)
<input type="checkbox"/> Interviewed <input type="checkbox"/> Refused Interview <input type="checkbox"/> Unable to Interview	<input type="checkbox"/> Pre-Initial Hearing <input type="checkbox"/> Pre-Detention Hearing <input type="checkbox"/> Post-Release	<input type="checkbox"/> Oral <input type="checkbox"/> Written
Report Type:	PSO Recommendations:	AUSA Recommendations:
<input type="checkbox"/> Full <input type="checkbox"/> Modified <input type="checkbox"/> Addendum (Rule 5) <input type="checkbox"/> None	<input type="checkbox"/> Detention <input type="checkbox"/> Release With Supervision <input type="checkbox"/> Release Without Supervision <input type="checkbox"/> No Recommendations	<input type="checkbox"/> Detention <input type="checkbox"/> Release With Supervision <input type="checkbox"/> Release Without Supervision <input type="checkbox"/> No Recommendations
Defense Counsel's Name and Telephone No.:	AUSA's Name and Telephone No.:	

INTAKE - Offense Tab/Charged Offense	
Class of Offense:	<input type="checkbox"/> Felony-Class A - life or death <input type="checkbox"/> Felony-Class B - 25 years or more <input type="checkbox"/> Felony-Class C - Less than 25 years but 10 or more years <input type="checkbox"/> Felony-Class D - Less than 10 years but 5 or more years <input type="checkbox"/> Felony-Class E - Less than 5 years but more than 1 year
Citation: (In CM/ECF format)	

RELEASE/DETENTION ORDERS					
Hearing	Order Date	Release/Detention Outcome	Type of Bond (if released)	Release Date	Detained Due to/ Judge Issuing Order
Initial		<input type="checkbox"/> Released <input type="checkbox"/> Detained	<input type="checkbox"/> Collateral Bond <input type="checkbox"/> Percentage Bond <input type="checkbox"/> Personal Recognizance <input type="checkbox"/> Surety Bond <input type="checkbox"/> Unsecured Bond		<input type="checkbox"/> Temporary Detention <input type="checkbox"/> Held for Detention Hearing <input type="checkbox"/> Consent to Detention Judge: _____
Detention (if held)		<input type="checkbox"/> Released <input type="checkbox"/> Detained	<input type="checkbox"/> Collateral Bond <input type="checkbox"/> Percentage Bond <input type="checkbox"/> Personal Recognizance <input type="checkbox"/> Surety Bond <input type="checkbox"/> Unsecured Bond		<input type="checkbox"/> Preventive Detention <input type="checkbox"/> Flight <input type="checkbox"/> Danger <input type="checkbox"/> Both <input type="checkbox"/> Consent to Detention Judge: _____
PSA SUPERVISION					
Date Released to Pretrial Supervision:	Supervising Officer:	Courtesy Pretrial Services Out? <input type="checkbox"/> Yes <input type="checkbox"/> No	District Providing Courtesy Pretrial Services or Courtesy Diversion Supervision:		
PTD Months:	PTD Expiration Date:				

COURT-ORDERED RELEASE CONDITIONS			
<p>Check all conditions that were ordered by the court: (See PACTS Conditions Module for definitions)</p> <p>TREATMENT/COUNSELING/ TRAINING-RELATED CONDITIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Substance Abuse Evaluation <input type="checkbox"/> Drug Treatment <input type="checkbox"/> Alcohol Treatment Only <input type="checkbox"/> Substance Abuse Testing <input type="checkbox"/> No Tampering With Substance Abuse Testing <input type="checkbox"/> No Illegal Use of Controlled Substances <input type="checkbox"/> No Excessive Alcohol Use <input type="checkbox"/> Alcohol Abstinence <input type="checkbox"/> DNA Testing <input type="checkbox"/> Mental Health Treatment <input type="checkbox"/> Mental Health Evaluation <input type="checkbox"/> Sex Offender Assessment <input type="checkbox"/> Sex Offender Treatment <input type="checkbox"/> Life Skills Counseling <input type="checkbox"/> Education/Training Requirements <input type="checkbox"/> Other Treatment/Training/Education 		<p>SUPERVISION REPORTING/ CUSTODIAN CONDITIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Third-Party Custody <input type="checkbox"/> Pretrial Services Supervision <input type="checkbox"/> Report Any Change of Address <input type="checkbox"/> Personal Reporting Frequency Amount: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Telephone Reporting Frequency Amount: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Report to Law Enforcement <p>FINANCIAL/SERVICE-RELATED CONDITIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Restitution <input type="checkbox"/> Community Service <input type="checkbox"/> Other Financial Obligations <input type="checkbox"/> Other Service Obligations <p>SEARCH/SEIZURE COMPUTER CONDITIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Search/Seizure <input type="checkbox"/> Computer Search <input type="checkbox"/> Computer/Internet Restrictions 	<p>LOCATION/EMPLOYMENT ASSOCIATION RESTRICTIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Location Monitoring Program <input type="checkbox"/> Stand-Alone Monitoring <input type="checkbox"/> Location Monitoring - Other <input type="checkbox"/> Re-Entry Center - Full Time <input type="checkbox"/> Re-Entry Center - Part Time <input type="checkbox"/> Work Release From Secure Facility <input type="checkbox"/> Residential Requirements/Restrictions <input type="checkbox"/> Travel Restrictions <input type="checkbox"/> Surrender Passport <input type="checkbox"/> Obtain No New Passport <input type="checkbox"/> Employment Restrictions <input type="checkbox"/> Obtain and Maintain Employment <input type="checkbox"/> No Contact With Victim <input type="checkbox"/> No Contact With Minors <input type="checkbox"/> Association Restrictions <input type="checkbox"/> Report Contact With Law Enforcement <input type="checkbox"/> Weapons Restrictions <input type="checkbox"/> No Possession of Pornographic Materials <input type="checkbox"/> Other Location/Employment/ Association Restrictions <p>OTHER</p> <ul style="list-style-type: none"> <input type="checkbox"/> Other Condition:

INTAKE-Closing

Closing Date:	Disposition: <input type="checkbox"/> Acquitted <input type="checkbox"/> Close-Courtesy Only <input type="checkbox"/> Deferred Judgment <input type="checkbox"/> Dismissed <input type="checkbox"/> Diversion Denied <input type="checkbox"/> Diversion Terminated by Gov't <input type="checkbox"/> Execution of Sentence <input type="checkbox"/> Found NGBRI <input type="checkbox"/> Fugitive FTA <input type="checkbox"/> Other <input type="checkbox"/> PTD Satisfied <input type="checkbox"/> Transferred Out		
Transfer District:	Docket No.:	Defendant No.:	Voluntary Surrender Date:

ADDITIONAL NOTES

Check the appropriate charged classification/category/subcategory for the charged offense:					
Classification	Category	Subcategory	Classification	Category	Subcategory
Drugs <input type="checkbox"/>	Continuing Criminal Ent. <input type="checkbox"/>		Drugs <input type="checkbox"/>	Manufacture/Cult. <input type="checkbox"/>	Other Drug <input type="checkbox"/>
Drugs <input type="checkbox"/>	Dist./Trafficking <input type="checkbox"/>	Cocaine <input type="checkbox"/>	Drugs <input type="checkbox"/>	Manufacture/Cult. <input type="checkbox"/>	Other Opiate <input type="checkbox"/>
Drugs <input type="checkbox"/>	Dist./Trafficking <input type="checkbox"/>	Heroin <input type="checkbox"/>	Drugs <input type="checkbox"/>	Manufacture/Cult. <input type="checkbox"/>	Prescription Drugs <input type="checkbox"/>
Drugs <input type="checkbox"/>	Dist./Trafficking <input type="checkbox"/>	Marijuana <input type="checkbox"/>	Drugs <input type="checkbox"/>	Other <input type="checkbox"/>	Cocaine <input type="checkbox"/>
Drugs <input type="checkbox"/>	Dist./Trafficking <input type="checkbox"/>	MDMA <input type="checkbox"/>	Drugs <input type="checkbox"/>	Other <input type="checkbox"/>	Heroin <input type="checkbox"/>
Drugs <input type="checkbox"/>	Dist./Trafficking <input type="checkbox"/>	Meth. <input type="checkbox"/>	Drugs <input type="checkbox"/>	Other <input type="checkbox"/>	Marijuana <input type="checkbox"/>
Drugs <input type="checkbox"/>	Dist./Trafficking <input type="checkbox"/>	Near a School <input type="checkbox"/>	Drugs <input type="checkbox"/>	Other <input type="checkbox"/>	MDMA <input type="checkbox"/>
Drugs <input type="checkbox"/>	Dist./Trafficking <input type="checkbox"/>	Other Drug <input type="checkbox"/>	Drugs <input type="checkbox"/>	Other <input type="checkbox"/>	Meth. <input type="checkbox"/>
Drugs <input type="checkbox"/>	Dist./Trafficking <input type="checkbox"/>	Other Opiate <input type="checkbox"/>	Drugs <input type="checkbox"/>	Other <input type="checkbox"/>	Other Drug <input type="checkbox"/>
Drugs <input type="checkbox"/>	Dist./Trafficking <input type="checkbox"/>	Prescription Drugs <input type="checkbox"/>	Drugs <input type="checkbox"/>	Other <input type="checkbox"/>	Other Opiate <input type="checkbox"/>
Drugs <input type="checkbox"/>	Dist./Trafficking <input type="checkbox"/>		Drugs <input type="checkbox"/>	Other <input type="checkbox"/>	Prescription Drugs <input type="checkbox"/>
Drugs <input type="checkbox"/>	Import/Export <input type="checkbox"/>	Cocaine <input type="checkbox"/>	Drugs <input type="checkbox"/>	Possession <input type="checkbox"/>	Cocaine <input type="checkbox"/>
Drugs <input type="checkbox"/>	Import/Export <input type="checkbox"/>	Heroin <input type="checkbox"/>	Drugs <input type="checkbox"/>	Possession <input type="checkbox"/>	Heroin <input type="checkbox"/>
Drugs <input type="checkbox"/>	Import/Export <input type="checkbox"/>	Marijuana <input type="checkbox"/>	Drugs <input type="checkbox"/>	Possession <input type="checkbox"/>	Marijuana <input type="checkbox"/>
Drugs <input type="checkbox"/>	Import/Export <input type="checkbox"/>	MDMA <input type="checkbox"/>	Drugs <input type="checkbox"/>	Possession <input type="checkbox"/>	MDMA <input type="checkbox"/>
Drugs <input type="checkbox"/>	Import/Export <input type="checkbox"/>	Meth. <input type="checkbox"/>	Drugs <input type="checkbox"/>	Possession <input type="checkbox"/>	Meth. <input type="checkbox"/>
Drugs <input type="checkbox"/>	Import/Export <input type="checkbox"/>	Other Drug <input type="checkbox"/>	Drugs <input type="checkbox"/>	Possession <input type="checkbox"/>	Other Drug <input type="checkbox"/>
Drugs <input type="checkbox"/>	Import/Export <input type="checkbox"/>	Other Opiate <input type="checkbox"/>	Drugs <input type="checkbox"/>	Possession <input type="checkbox"/>	Other Opiate <input type="checkbox"/>
Drugs <input type="checkbox"/>	Import/Export <input type="checkbox"/>	Prescription Drugs <input type="checkbox"/>	Drugs <input type="checkbox"/>	Possession <input type="checkbox"/>	Prescription Drugs <input type="checkbox"/>
Drugs <input type="checkbox"/>	Manufacture/Cult. <input type="checkbox"/>	Cocaine <input type="checkbox"/>	Drugs <input type="checkbox"/>	Possession While in Prison <input type="checkbox"/>	
Drugs <input type="checkbox"/>	Manufacture/Cultivation <input type="checkbox"/>	Heroin <input type="checkbox"/>	Drugs <input type="checkbox"/>	Use of a Communication Facility <input type="checkbox"/>	
Drugs <input type="checkbox"/>	Manufacture/Cult. <input type="checkbox"/>	Marijuana <input type="checkbox"/>			
Drugs <input type="checkbox"/>	Manufacture/Cult. <input type="checkbox"/>	MDMA <input type="checkbox"/>	Financial Offenses <input type="checkbox"/>	Access Devices <input type="checkbox"/>	
Drugs <input type="checkbox"/>	Manufacture/Cult. <input type="checkbox"/>	Meth. <input type="checkbox"/>	Financial Offenses <input type="checkbox"/>	Concealment of Assets <input type="checkbox"/>	
Financial Offenses <input type="checkbox"/>	Copyright Infringement <input type="checkbox"/>		Financial Offenses <input type="checkbox"/>	Gambling and Lottery <input type="checkbox"/>	
Financial Offenses <input type="checkbox"/>	Counterfeiting <input type="checkbox"/>	Currency <input type="checkbox"/>	Financial Offenses <input type="checkbox"/>	Interstate Trans. <input type="checkbox"/>	

Classification	Category	Subcategory	Classification	Category	Subcategory
Financial Offenses <input type="checkbox"/>	Counterfeiting <input type="checkbox"/>	General <input type="checkbox"/>	Financial Offenses <input type="checkbox"/>	Misuse of Social Security Number <input type="checkbox"/>	
Financial Offenses <input type="checkbox"/>	Embezzlement <input type="checkbox"/>	Bank <input type="checkbox"/>	Financial Offenses <input type="checkbox"/>	Money Laundering <input type="checkbox"/>	
Financial Offenses <input type="checkbox"/>	Embezzlement <input type="checkbox"/>	General <input type="checkbox"/>	Financial Offenses <input type="checkbox"/>	Receiving Stolen Property <input type="checkbox"/>	
Financial Offenses <input type="checkbox"/>	Embezzlement <input type="checkbox"/>	Postal <input type="checkbox"/>	Financial Offenses <input type="checkbox"/>	Satellite Piracy <input type="checkbox"/>	
Financial Offenses <input type="checkbox"/>	Engaging in Monetary Transactions <input type="checkbox"/>		Financial Offenses <input type="checkbox"/>	Structuring Transactions to Avoid Reporting <input type="checkbox"/>	
Financial Offenses <input type="checkbox"/>	Export/Import Monetary Instruments <input type="checkbox"/>		Financial Offenses <input type="checkbox"/>	Tax <input type="checkbox"/>	General <input type="checkbox"/>
Financial Offenses <input type="checkbox"/>	Failure to Pay Child Support <input type="checkbox"/>		Financial Offenses <input type="checkbox"/>	Tax <input type="checkbox"/>	Evasion <input type="checkbox"/>
Financial Offenses <input type="checkbox"/>	False Claims <input type="checkbox"/>		Financial Offenses <input type="checkbox"/>	Tax <input type="checkbox"/>	Failure to File <input type="checkbox"/>
Financial Offenses <input type="checkbox"/>	False Financial Statements <input type="checkbox"/>		Financial Offenses <input type="checkbox"/>	Tax <input type="checkbox"/>	Liquor <input type="checkbox"/>
Financial Offenses <input type="checkbox"/>	Food Stamp Violation <input type="checkbox"/>		Financial Offenses <input type="checkbox"/>	Tax <input type="checkbox"/>	Trafficking in Contraband Cigarettes <input type="checkbox"/>
Financial Offenses <input type="checkbox"/>	Forgery <input type="checkbox"/>	Checks <input type="checkbox"/>	Financial Offenses <input type="checkbox"/>	Theft <input type="checkbox"/>	Auto <input type="checkbox"/>
Financial Offenses <input type="checkbox"/>	Forgery <input type="checkbox"/>	General <input type="checkbox"/>	Financial Offenses <input type="checkbox"/>	Theft <input type="checkbox"/>	Bank <input type="checkbox"/>
Financial Offenses <input type="checkbox"/>	Forgery <input type="checkbox"/>	Instruments/Securities <input type="checkbox"/>	Financial Offenses <input type="checkbox"/>	Theft <input type="checkbox"/>	From Firearms Dealer <input type="checkbox"/>
Financial Offenses <input type="checkbox"/>	Fraud <input type="checkbox"/>	Bank <input type="checkbox"/>	Financial Offenses <input type="checkbox"/>	Theft <input type="checkbox"/>	General <input type="checkbox"/>
Financial Offenses <input type="checkbox"/>	Fraud <input type="checkbox"/>	Bankruptcy <input type="checkbox"/>	Financial Offenses <input type="checkbox"/>	Theft <input type="checkbox"/>	Identification Documents <input type="checkbox"/>
Financial Offenses <input type="checkbox"/>	Fraud <input type="checkbox"/>	Computer <input type="checkbox"/>	Financial Offenses <input type="checkbox"/>	Theft <input type="checkbox"/>	Identity <input type="checkbox"/>
Financial Offenses <input type="checkbox"/>	Fraud <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Financial Offenses <input type="checkbox"/>	Theft <input type="checkbox"/>	Mail <input type="checkbox"/>
Financial Offenses <input type="checkbox"/>	Fraud <input type="checkbox"/>	General <input type="checkbox"/>	Financial Offenses <input type="checkbox"/>	Transportation of Stolen Property <input type="checkbox"/>	
Financial Offenses <input type="checkbox"/>	Fraud <input type="checkbox"/>	Healthcare <input type="checkbox"/>	Financial Offenses <input type="checkbox"/>	Worthless Checks <input type="checkbox"/>	
Financial Offenses <input type="checkbox"/>	Fraud <input type="checkbox"/>	Housing <input type="checkbox"/>	Immigration/Customs <input type="checkbox"/>	False Statement in Application of Passport <input type="checkbox"/>	
Financial Offenses <input type="checkbox"/>	Fraud <input type="checkbox"/>	Identity <input type="checkbox"/>	Immigration/Customs <input type="checkbox"/>	False Statements <input type="checkbox"/>	
Financial Offenses <input type="checkbox"/>	Fraud <input type="checkbox"/>	Mail <input type="checkbox"/>	Immigration/Customs <input type="checkbox"/>	Fraudulent Papers <input type="checkbox"/>	
Financial Offenses <input type="checkbox"/>	Fraud <input type="checkbox"/>	Passport <input type="checkbox"/>	Immigration/Customs <input type="checkbox"/>	Illegal Entry <input type="checkbox"/>	
Financial Offenses <input type="checkbox"/>	Fraud <input type="checkbox"/>	Securities <input type="checkbox"/>	Immigration/Customs <input type="checkbox"/>	Illegal Reentry <input type="checkbox"/>	
Financial Offenses <input type="checkbox"/>	Fraud <input type="checkbox"/>	Wire <input type="checkbox"/>	Immigration/Customs <input type="checkbox"/>	Illegal Reentry After Deportation <input type="checkbox"/>	

Classification	Category	Subcategory	Classification	Category	Subcategory
Immigration/Customs <input type="checkbox"/>	Impersonation of U.S. Citizen <input type="checkbox"/>		Public Order <input type="checkbox"/>	Criminal Mischief <input type="checkbox"/>	
Immigration/Customs <input type="checkbox"/>	Misuse of Passport <input type="checkbox"/>		Public Order <input type="checkbox"/>	Damage to Property <input type="checkbox"/>	
Immigration/Customs <input type="checkbox"/>	Other Immigration <input type="checkbox"/>		Public Order <input type="checkbox"/>	Destruction of Mail <input type="checkbox"/>	
Immigration/Customs <input type="checkbox"/>	Smuggling Aliens <input type="checkbox"/>		Public Order <input type="checkbox"/>	Disorderly Conduct <input type="checkbox"/>	
Immigration/Customs <input type="checkbox"/>	Smuggling Goods Into the United States <input type="checkbox"/>		Public Order <input type="checkbox"/>	Environmental Violations <input type="checkbox"/>	
			Public Order <input type="checkbox"/>	Game Conservation Acts <input type="checkbox"/>	
Obstruction/Escape <input type="checkbox"/>	Bribery <input type="checkbox"/>		Public Order <input type="checkbox"/>	Interference With Flight Crew <input type="checkbox"/>	
Obstruction/Escape <input type="checkbox"/>	Contempt of Court <input type="checkbox"/>		Public Order <input type="checkbox"/>	Lewd Conduct <input type="checkbox"/>	
Obstruction/Escape <input type="checkbox"/>	Detention of Material Witness <input type="checkbox"/>		Public Order <input type="checkbox"/>	Misrepresentation of U.S. Employee <input type="checkbox"/>	
Obstruction/Escape <input type="checkbox"/>	Escape <input type="checkbox"/>		Public Order <input type="checkbox"/>	National Parks Violation <input type="checkbox"/>	
Obstruction/Escape <input type="checkbox"/>	Evidence Tampering <input type="checkbox"/>		Public Order <input type="checkbox"/>	Open Container Violation <input type="checkbox"/>	
Obstruction/Escape <input type="checkbox"/>	Failure to Appear <input type="checkbox"/>		Public Order <input type="checkbox"/>	Other Public Order <input type="checkbox"/>	
Obstruction/Escape <input type="checkbox"/>	General Obstruction <input type="checkbox"/>		Public Order <input type="checkbox"/>	Prostitution <input type="checkbox"/>	
Obstruction/Escape <input type="checkbox"/>	Harbor Fugitive <input type="checkbox"/>		Public Order <input type="checkbox"/>	Public Intoxication <input type="checkbox"/>	
Obstruction/Escape <input type="checkbox"/>	Juror Tampering <input type="checkbox"/>		Public Order <input type="checkbox"/>	Trespassing <input type="checkbox"/>	
Obstruction/Escape <input type="checkbox"/>	Mail Obstruction <input type="checkbox"/>				
Obstruction/Escape <input type="checkbox"/>	Mispriision of a Felony <input type="checkbox"/>				
Obstruction/Escape <input type="checkbox"/>	Obstruct Justice <input type="checkbox"/>		Traffic/DWI <input type="checkbox"/>	Driving Under the Influence <input type="checkbox"/>	
Obstruction/Escape <input type="checkbox"/>	Offense Committed While on Release <input type="checkbox"/>		Traffic/DWI <input type="checkbox"/>	Driving While License Suspended/ Revoked <input type="checkbox"/>	
Obstruction/Escape <input type="checkbox"/>	Perjury <input type="checkbox"/>		Traffic/DWI <input type="checkbox"/>	Drunken Driving <input type="checkbox"/>	
Obstruction/Escape <input type="checkbox"/>	Resisting Arrest <input type="checkbox"/>		Traffic/DWI <input type="checkbox"/>	General Traffic <input type="checkbox"/>	
Obstruction/Escape <input type="checkbox"/>	Witness Tampering <input type="checkbox"/>		Traffic/DWI <input type="checkbox"/>	Leaving Scene of Accident <input type="checkbox"/>	
Obstruction/Escape <input type="checkbox"/>			Traffic/DWI <input type="checkbox"/>	Reckless Driving <input type="checkbox"/>	
Public Order <input type="checkbox"/>	Accessory After the Fact <input type="checkbox"/>				
Public Order <input type="checkbox"/>	Adulteration of Food or Drug <input type="checkbox"/>		Violence/Sex Offense <input type="checkbox"/>	Animal Cruelty <input type="checkbox"/>	
Public Order <input type="checkbox"/>	Civil Disorder <input type="checkbox"/>		Violence/Sex Offense <input type="checkbox"/>	Arson <input type="checkbox"/>	
Public Order <input type="checkbox"/>	Contraband in Prison <input type="checkbox"/>		Violence/Sex Offense <input type="checkbox"/>	Assault <input type="checkbox"/>	Aggravated <input type="checkbox"/>
Public Order <input type="checkbox"/>	Contributing to the Delinquency of a Minor <input type="checkbox"/>		Violence/Sex Offense <input type="checkbox"/>	Assault <input type="checkbox"/>	Attempted Murder <input type="checkbox"/>

Classification	Category	Subcategory	Classification	Category	Subcategory
Violence/Sex Offense <input type="checkbox"/>	Assault <input type="checkbox"/>	General <input type="checkbox"/>	Violence/Sex Offense <input type="checkbox"/>	Murder <input type="checkbox"/>	Second Degree <input type="checkbox"/>
Violence/Sex Offense <input type="checkbox"/>	Assault <input type="checkbox"/>	Simple <input type="checkbox"/>	Violence/Sex Offense <input type="checkbox"/>	Negligent Homicide <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Assault <input type="checkbox"/>	With Battery <input type="checkbox"/>	Violence/Sex Offense <input type="checkbox"/>	Possession of Child Pornography <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Assault <input type="checkbox"/>	With Weapon <input type="checkbox"/>	Violence/Sex Offense <input type="checkbox"/>	Racketeering <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Bank Robbery <input type="checkbox"/>	Armed <input type="checkbox"/>	Violence/Sex Offense <input type="checkbox"/>	Rape <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Bank Robbery <input type="checkbox"/>	Unarmed <input type="checkbox"/>	Violence/Sex Offense <input type="checkbox"/>	Robbery <input type="checkbox"/>	Armed <input type="checkbox"/>
Violence/Sex Offense <input type="checkbox"/>	Burglary <input type="checkbox"/>	Bank <input type="checkbox"/>	Violence/Sex Offense <input type="checkbox"/>	Robbery <input type="checkbox"/>	General <input type="checkbox"/>
Violence/Sex Offense <input type="checkbox"/>	Burglary <input type="checkbox"/>	General <input type="checkbox"/>	Violence/Sex Offense <input type="checkbox"/>	Robbery <input type="checkbox"/>	Motor Vehicle <input type="checkbox"/>
Violence/Sex Offense <input type="checkbox"/>	Burglary <input type="checkbox"/>	Postal <input type="checkbox"/>	Violence/Sex Offense <input type="checkbox"/>	Robbery <input type="checkbox"/>	Unarmed <input type="checkbox"/>
Violence/Sex Offense <input type="checkbox"/>	Burglary <input type="checkbox"/>	Residential <input type="checkbox"/>	Violence/Sex Offense <input type="checkbox"/>	Sexual Abuse <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Child Exploitation <input type="checkbox"/>		Violence/Sex Offense <input type="checkbox"/>	Sexual Abuse of Minors <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Child Molestation <input type="checkbox"/>		Violence/Sex Offense <input type="checkbox"/>	Stalking <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Child Trafficking <input type="checkbox"/>		Violence/Sex Offense <input type="checkbox"/>	Threatening Communications <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Child Abuse <input type="checkbox"/>	Violence/Sex Offense <input type="checkbox"/>	Transportation for Prostitution <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Child Neglect <input type="checkbox"/>	Violence/Sex Offense <input type="checkbox"/>	Transportation of Minors <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	General <input type="checkbox"/>	Violence/Sex Offense <input type="checkbox"/>	Violation of Restraining Order <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Spouse Abuse <input type="checkbox"/>			
Violence/Sex Offense <input type="checkbox"/>	Extortion, Threats <input type="checkbox"/>		Weapons/Firearms <input type="checkbox"/>	Armed Career Criminal <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Failure to Register as Sex Offender <input type="checkbox"/>		Weapons/Firearms <input type="checkbox"/>	Concealed Weapon <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	General Sex Offense <input type="checkbox"/>		Weapons/Firearms <input type="checkbox"/>	During Crime of Violence <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	General Violence <input type="checkbox"/>		Weapons/Firearms <input type="checkbox"/>	During Drug Offense <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Human Trafficking <input type="checkbox"/>		Weapons/Firearms <input type="checkbox"/>	Export of Weapons/Munitions <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Kidnapping <input type="checkbox"/>		Weapons/Firearms <input type="checkbox"/>	Export/Import <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Manslaughter <input type="checkbox"/>	General <input type="checkbox"/>	Weapons/Firearms <input type="checkbox"/>	Felon in Possession <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Manslaughter <input type="checkbox"/>	Vehicular <input type="checkbox"/>	Weapons/Firearms <input type="checkbox"/>	Import Explosives <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Murder <input type="checkbox"/>	General <input type="checkbox"/>	Weapons/Firearms <input type="checkbox"/>	Interstate Shipment <input type="checkbox"/>	
Violence/Sex Offense <input type="checkbox"/>	Murder <input type="checkbox"/>	First Degree <input type="checkbox"/>	Weapons/Firearms <input type="checkbox"/>	Other Unlawful Possession <input type="checkbox"/>	

